AMEN	Docket No. 64693(50024)										
Application No. 10/561,412-Conf. #1084		Filing I February 2		Examiner M. R. Jackso	n	Art Unit					
Applicant(s): Dav											
Invention: LEAD S	SHEET MATE	RIALS									
	тс	THE COMMI	SSIONER FO	OR PATENTS							
Transmitted here											
The fee has been calculated and is transmitted as shown below.											
CLAIMS AS AMENDED Claims Highest											
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate							
Total Claims	15	- 22 =		х							
Independent Claims	2	- 3 =		х							
Multiple Depend	lent Claims (ch	eck if applicabl	e)								
Other fee (please specify): Extension for response within first month 65.00											
TOTAL ADDIT	IONAL EEE E	OD THIS AME	NDMENT.		25.00						
Large Entity		JR INIS AIVIE	NDWENT:	x Small Entity		65.00					
	al fee is require	d for this amor	admont	A Small Entity							
\vdash	•			n the amount of \$ _	65.00	·					
A check in the	ne amount of \$		to cover	the filing fee is encl	osed.						
Payment by	credit card. Fe	orm PTO-2038	is attached.								
	ris hereby auth d below. A dup		-	Deposit Account No enclosed.	o. <u>04-1</u>	105					
x Credit a	ny overpaymer	nt.									
x Charge a	any additional fil	ing or applicatio	n processing	fees required under 3	7 CFR 1.16	and 1.17.					
/George N. Cha				Dated:	January 15	5, 2009					
George N. Cha Attorney/Agent		608									
EDWARDS AN P.O. Box 55874 Boston, Massa	1 chusetts 0220		LP								
(401) 276-6653	:										

Application No. (if known): 10/561,412 Attorney Docket No.: 64693(50024)

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on January 15, 2009

Date

/George N. Chaclas/					
Signature	e				
George N. Chaclas					
Typed or printed name of person signing Certificate					
46,608	(401) 276-6653				
Registration Number, if applicable	Telephone Number				

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)
Fee Transmittal (1 page)
Request for Extension of Time (2 pages)
Amendment Transmittal (1 page)
Amendment (11 pages)

Charge \$65.00 to deposit account 04-1105

PTO/SB/17 (10-08)
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nd to a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no person are required to respo

Under the Pa	aperwork Reduction Act of 1	995, no person are req	uired to	respond to a collection				control numbe	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						0/561,412-Conf. #1084			
FEE TRANSMITTAL			_		ebruary 20, 2007				
For FY 2009						David Taylor			
				1.		/I. R. Jackson			
				7111 01111		794			
TOTAL AMOUN	T OF PAYMENT	(\$) 65.00		Attorney Docket	No.	64693(50024)			
METHOD OF	PAYMENT (check a	ll that apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Ac	ccount Deposit Account No	umber:04-1	105	Deposit /	Account Name	Edwards Ange	II Palmer &	Dodge LLP	
For the	above-identified depos	sit account, the Dire	ector is	s hereby authorize	ed to: (chec	k all that apply)			
x C	harge fee(s) indicated	below		Charge	e fee(s) inc	licated below, ex	xcept for th	ne filing fee	
	harge any additional fe e(s) under 37 CFR 1.1		ents o	f x Credit	any overpa	ayments			
FEE CALCU	LATION								
1. BASIC FILIN	G, SEARCH, AND EX		3						
	FIL	ING FEES Small Entity	SE.	ARCH FEES	EXAMIN	IATION FEES Small Entity			
Application T	ype Fee (\$)		Fee (\$	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees P	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
	r 20 (including Reissu						52 220	26	
Multiple depende	ent claim over 3 (includent claims	ding Keissues)					220 390	110	
		F - (A)	_	a Daid (#)	8.0	laimin Damamal		195	
Total Claims 15	- 22 or HP	Fee (\$)		, · · /		ultiple Dependent Claims			
	ber of total claims paid for,	x = if greater than 20.			<u>re</u>	<u>e (\$)</u> <u>!</u>	Fee Paid (\$	1	
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)	-				
	- 3 or HP =	x =		σστ στα (ψ)					
	ber of independent claims p	paid for, if greater than	3.						
3. APPLICATIO	N SIZE FEE								
	ation and drawings exc								
	der 37 CFR 1.52(e)), th				or small er	ntity) for each a	dditional 50)	
	action thereof. See 35		-	* *		.	Fac !	Daid (#)	
Total Sheet	<u>Extra Sheets</u> 100 =			additional 50 or frac			<u>ree i</u>	Paid (\$)	
4. OTHER FEE				(round up to a who	ne number)	×	=	Paid (\$)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): 2251 Extension for response within first month 65.00									
SUBMITTED BY	2 8-7-								
Signature	/George N. Chaclas/ Registration No. (Attenual/Accet) 46,608 Telephone (401) 276-6653								
Name (Print/Type)					(Attorney/Agent) 40,000 Pelephone (401) 270-00.				
(i fille type)	Goorge IV. Oriacia	•				1500	January 1	J, 2000	